Recommendation regarding price decontrol of certain drags

850. SHRI DHULESHWAR MEENA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to the answer to Starred Question 111 given in the Rajya Sabha on the 2nd May, 1989 and state

(a) whether his Ministry had" recommended to the Department of Chemicals and Petrochemicals that drugs like Diazepam and other psychotherapeutic drugs may be considired for decontrol provided such a consideration fits into the overall criteria adopted by Kelkar Committee for such exclusion;

(b) whether it is a fact that except Diazepam and Lorazepam none of the Psychotherapeutic drugs fulfilled the exclusion criteria adop ted by the Kelkar Committee;

(c) the reasons for excluding all the Psychotherapeutic drugs having monopoly of multinationals from price control; and

(d) what has been the reaction of his Ministry and the reasons for not taking up the matter with Department of Chemicals and Petrochemical?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI RAFIQUE ALAM) : (a) to (d) On a specific reference from the Department of Chemicals and Petrochemicals on the essentiality of Diazepam. (Valium/Calmose), The Ministry of Health and Family Welfare had stated that decontrol of Diazepam and other tranquilizers may be considered. This was based on the opinion received from the DGHS that diseases like psychosis, psychoneurosis and other psychosomatic disorders are not considered widely prevalent diseases in the country. As such drugs like Diazepam land other psycho-therapeutic drugs may be considered for decontrol provided such a consideration fits into the over all criteria adopted by the Kelkar Committee for such exclusions.

' The* Categorisation of drugs and drug pricing control falls within the purview of Ministry of Industry, Department of Chemicals and Petro-Chemicals. All issues and suggestions will now be decided by an interministerial Standing Committee constituted by the Department of Chemicals and Petro-Chemicals in which representatives from the Ministry of Health and Family Welfare and the Department of Chemicals and Petro-Chemicals and other organisations will be members.

851. *[Transferred to the 31st July,* 1989].

Fires in Central Ordnance Factories

852. DR. MOHD. HASHIM KIDWAI : Will the Minister of DEFENCE be pleased to state:

(a) what is the number of fires which took place in Central Ordnance Factories during the year 1987-88 and 1988-89;

(b) the total amount of loss suffered alongwith the loss of arms ammunition due to these fires; yearwise; and

(c) the outcome of inquiries into these fires?

THE MINISTER OF STATE IN THE DEPARTMENT OF DEFENCE PRODUCTION AND SUPPLIES IN THE MINISTRY OF! DEFENCE (SHRI D.L. BAITHA) *i*

(a) 1987-88 . . . . . 4 fires.

1988-89 . . . . . 2 fires.

(b) There was no loss of arms/ammunition.

Losses suffered were :

	Rs.
1987-88	1,32,541
1988-89	70,198

(c) (i) Board of Enquiry Report still awaited 1

(ii) Board of Enquiry Report under Examination of Ordinance Factory Board 1

(iii) Action completed, on basis of Reports of Boards of Enquiry . 4

In these cases, the incidents were attributable to electric short ciruiting; probable auto-ignition of wet cotton Bandoliar; presence offoreign matter in incorporator; and suspected electrical short circuit! In all cases necessary remedial actions have been taken and personnel found to be negligent are being dealt with.

Spread of Kala Azar in Bihar, West Bengal and Uttar Pradesh

853. SHRI VIRENDRA VERMA :

SHRI ISH DUTT YADAV j

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the spread of Kala Azar in an epidemic form in 27 out of 39 districts of Bihar as also in certain pockets of West Bengal and Uttar Pradesh;

(b) if so, whether any survey with regard to the areas and the number of people affected has been made by Government and if so, what are the findings thereof;

(c) what is the estimated number of people who died in 1988 when Kala Azar epidemic broke out in Bihar and other places in the country;

(d) what efforts have been made by the Indian Council of medical Research and the National Institute of Communicable Diseases to tackle the problem of Kala Azar and what are the results achieved; and

(e) what measures have been taken by Government to meet the situation ?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI RAFIQUE ALAM) : (a) and (b) Yes. Kala-Azar is a chronic systematic disease caused by a parasite Leishmania donovani. The main features of the disease are fever, enlargement of liver and spleen, anaemia, weakness, loss of weight and if not treated can cause death. Diagnosis is made by detection o f the organism from bone marrow ,